

PERRY'S  
OPINION

PRODIGY(R) interactive personal service

02/13/92

10:04 PM

TOPIC: ARTS CLUB  
BOOKS/NONFICTION  
TIME: 02/13 8:05 PM

TO: JOHN HENSLEY (NXVX71A)  
FROM: ROBERT ARTWOHL (BSMK63A)  
SUBJECT: JFK NECK WOUND

John,

In 1986, I was a Chief Resident in General Surgery at the University of Maryland School of Medicine (the OTHER medical school in Baltimore!) Dr. Malcolm Perry delivered at conference in Vascular Surgery, and that evening Dr. Perry, a few attendings, and the chief residents went to dinner.

It was brought up that Dr. Perry was one of the surgeons attending to Kennedy at Parkland and that he had performed the tracheostomy. Dr. Perry stated he was very reluctant to talk about the assassination anymore, but he told me one of the biggest regrets in his life was having to make the incision for the emergency tracheostomy through the bullet wound, because he was certain that it was an entrance wound. He remembered making a very good mental note of the wound since he was cutting through it.

Unfortunately, I was not keenly interested in the Kennedy assassination at the time, other than I the general feeling that there probably was a conspiracy, and I did not press him much on the matter and the nature of the other wounds.

I've read now that in a news conference at the time of the incident, Dr. Perry stated that the wound could have been an entrance wound or an exit wound.

I realize that the two statements seem contradictory, but there is a saying in medicine: "Never say never or always." Physicians are often faced with making decisions and/or statements that reflect this possibility.

For instance, if a patient comes in from an injury with spinal immobilization, and does not complain of neck pain, or head injury, the doctor KNOWS that the chance of a cervical spine injury is NIL. But we tend to be very conservative and take the C-spine film anyway just to confirm it. The same is true with chest pain. The doctor will often admit a patient to "rule out M.I." when in fact deep in his heart he knows the patient is not having an M.I.

Likewise a physician acting in a properly conservative manner might respond in a public forum that the wound could have been an entrance or an exit wound, especially in light

of the fact that he had been told the shots came from the rear. He could say to himself, well I've never seen an exit wound like that, but I suppose it COULD be one." But speaking with Dr. Perry that night, one physician to another in Dr. Perry stated he firmly believed the wound to be an entrance wound.

Bob A.